

# Comprehensive Perinatal Services Program

## PRENATAL COMBINED SECOND AND THIRD TRIMESTER REASSESSMENT TOOLS

Document the member's date of birth (DOB), EDC, and date of the reassessment on top of the form.

### **ANTHROPOMETRIC DATA**

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Anthropometric data assists with the identification of women who are within normal limits for body weight, overweight, obese, or underweight so that appropriate pregnancy weight gain goals can be established.

Document current weight, number of weeks she is pregnant at the time of the reassessment, weight gain since last visit, and total weight gain.

STT Guidelines can provide assistance in helping the assessor identify the client's weight status, complete the weight gain grid/graph, (a required document for CPSP) and determining weight gain goals. Women who begin pregnancy underweight or overweight may need more comprehensive nutrition care.

### **RESOURCE:**

All women need to gain weight during pregnancy. The amount of weight gain is dependent on height and prepregnant weight.

Refer to STT Guidelines: Nutrition - "Weight Gain During Pregnancy", section: "How to Assess Weight Gain - Table 1", page 6.

### **If Underweight:**

Refer to STT Guidelines: Nutrition - "Prepregnant Weight, Underweight", page 10.

### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28 and Nutrition Handout: "Tips to Gain Weight", page 15.

Stress the importance of regular meals and snacks, and extra servings from each food group.

Recommend a weight gain of 4 pounds or more each month.

### **REFERRAL:**

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Follow referral criteria for registered dietitian at the end of this section.

### **If Overweight or Obese:**

Refer to STT Guidelines: Nutrition - "Prepregnant Weight, Overweight", page 9.

#### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28.

Stress the importance of regular meals and snacks and assist the client in selecting lower fat foods.

Recommend a weight gain of 2 - 3 pounds per month after the 16<sup>th</sup> week of pregnancy.

Assess food intake emphasize that weight reduction during pregnancy is not recommended.

#### **REFERRAL:**

Follow referral criteria for registered dietitian at the end of this section.

### **If Very Overweight:**

Refer to STT Guidelines: Nutrition - "Prepregnant Weight, Obese", page 11.

#### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28.

Assess food intake, stress the importance of regular meals and snacks, and assist the client in selecting from lower fat foods.

Review servings from each food group.

Recommend a weight gain of 2 1/2 pounds per month after the 16<sup>th</sup> week of pregnancy.

Emphasize that weight reduction during pregnancy is not recommended.

#### **REFERRAL:**

Follow referral criteria for registered dietitian at the end of this section.

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### **Net Weight Gain:**

In pregnancy, the total amount of weight gained as well as the rate of weight gain is important in a healthy pregnancy.

Refer to STT Guidelines: Nutrition - "Weight Gain During Pregnancy", pages 5 - 14 to determine appropriate weight gain and weight gain rate.

### **If Inadequate:**

Inadequate weight gain can increase the chance of preterm birth or having a small, unhealthy baby.

Refer to STT Guidelines: Nutrition - "Low Weight Gain", page 12.

### **INTERVENTION:**

Assess intake, if meals are frequently missed or food intake is sporadic. Refer to Provider or RD.

Provide client with a copy of STT Guidelines: Nutrition - Handout: "Tips to Gain Weight", pg. 15.

Stress the need for, more frequent meals and snacks, and selecting foods that are very calorie dense (such as peanut butter or bean dip).

Give the client resources for food banks, emergency food programs and check for WIC participation.

### **REFERRAL:**

Follow referral criteria for registered dietitian at the end of this section.

### **If Excessive:**

Excessive weight gain can increase the chance of having a bigger (large for gestational age) baby, and potential problems with delivery.

Refer to STT Guidelines: Nutrition - "High Weight Gain", page 13.

### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - Handout: "Tips to Slow Weight Gain", pg. 17.

Stress low fat food choices and low fat cooking techniques.

Encourage the client to drink more water and fewer high sugar content beverages.

Assess and encourage physical activity.

### **REFERRAL:**

## **Comprehensive Perinatal Services Program**

Follow referral criteria for registered dietitian at the end of this section.

### **If Weight Loss:**

Refer to registered dietitian or other appropriate dietary counselor.

**Referral to registered dietitian or other appropriate dietary counselor when:**

- weight loss of 5 or more pounds in the first 12 weeks of pregnancy;
- more than 5 pounds below reported prepregnant weight; and/or
- weight loss of 3 or more pounds since the last visit.

## **BIOCHEMICAL DATA**

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Blood tests are used to screen for problems such as anemia. Anemia increases the risk for preterm birth, low birth weight, and other medical problems. Abnormal glucose values may indicate the need for further screening for diabetes.

Urine tests are used to help assess nutritional status and risk.

### **INTERVENTION:**

Abnormal values need to be brought to the attention of the provider.

The Individualized Care Plan should describe the interventions intended to address these needs.

## **RISK SPECIFIC INFORMATION**

### **Age 17 or Less:**

Adolescent pregnancy is associated with an increased risk of preterm delivery, low birth weight, and other problems. Pregnancy increases the nutritional demands because both the baby and the client need additional calories; the client needs calories for her own continued growth and the baby needs calories for growth. Adolescent girls may restrict their caloric intake in order to lose weight, or keep an unrealistic weight, or they may have poor eating habits in general.

### **INTERVENTION:**

Plan to assess weight and dietary intake frequently.

Referral to a registered dietitian may be necessary for severely restricted dietary intake and/or weight gain abnormalities.

Provide education to the client related to her age-related increased nutritional needs.

### **Pregnancy Interval Less Than One Year or High Parity:**

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The client's nutritional status may be deficient if the client had a baby one year prior; or the client has had many pregnancies. These conditions create risk for low birth weight babies, preterm delivery, and prenatal morbidity and mortality.

### **INTERVENTION:**

Plan to assess weight and dietary intake frequently.

Discuss with the client her increased risk status and the pregnancy interval recommended by the medical/obstetrical provider.

### **Multiple Gestation:**

Nutritional needs and weight gain goals will change if the client is carrying more than one baby. A weight gain of 35 - 45 pounds for twins has been shown to be consistent with a favorable outcome of a full-term pregnancy.

Refer to STT Guidelines: Health Education - "Multiple Births - Twins and Triplets", pages 113 - 118.

### **INTERVENTION:**

Discuss increased risk for preterm labor with the client.

Instruct on recommended weight gain goals.

Reinforce education regarding activity restrictions, etc. as recommended by the medical/obstetrical provider.

### **Currently Breastfeeding:**

Breastfeeding while pregnant requires sufficient calories and nutrients for both breast milk production and for the needs of the pregnancy.

### **INTERVENTION:**

Plan to assess weight and dietary intake frequently.

### **REFERRAL:**

Refer to registered dietitian if client plans to continue to breastfeed during pregnancy and fails to gain an adequate amount of weight.

### **Serious Infections:**

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Nutritional needs increase with serious infections due to problems with digestion and absorption of foods, and increased need for nutrients to help repair body tissues.

### **INTERVENTION:**

Refer to dietitian and/or medical/obstetrical provider for medical nutrition therapy for HIV, hepatitis, tuberculosis, or pyelonephritis.

Refer to social worker for help if problems with coping.

### **ANEMIA:**

Anemia occurs when there is a problem with the red blood cells. This can cause a lack of enough oxygen getting to the cells and organs in the body.

- Iron-deficiency anemia - the most common form of anemia (low hemoglobin and hematocrit levels in the blood);
- Folic acid deficiency anemia - high MCV value (> 95);
- Vitamin B<sub>12</sub> anemia is the least common form of anemia, but can occur if the client is a strict vegetarian who eats no animal proteins (also known as a vegan diet).

Refer to STT Guidelines: Nutrition - "Anemia", pages 59 - 60.

### **Iron Deficiency Anemia:**

#### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - Handout : "Get the iron you need", page 61, and review it with her.

Emphasize that iron rich foods and/or supplements should be consumed with foods high in Vitamin C to aid in iron absorption.

Avoid taking iron supplements with dairy products (such as milk or cheese) because the calcium in the dairy products may decrease iron absorption.

Provide anticipatory guidance related to avoiding constipation - a common side effect of taking iron supplements.

### **Folic Acid Deficiency Anemia:**

#### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - Handout: "Get the folic acid you need", page 55 and review it with her.

Emphasize the importance of taking prenatal vitamin supplements daily.

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Encourage client to select folic acid, rich foods (such as dried beans or peas, grains and cereals fortified with folic acid, and fruits and vegetables), and not to overcook grains, cereals, and folic acid rich foods.

### **Vitamin B<sub>12</sub> Deficiency Anemia:**

Refer to STT Guidelines: Nutrition - "Vegetarian Eating", pages 111 - 114.

#### **INTERVENTION:**

Provide client with a copy of STT Guidelines: Nutrition - Handout: "Get the Vitamin B12 you need", page 69, and "When you are a vegetarian: What you need to know", page 115, review with her.

Consult with health care provider about B<sub>12</sub> injections.

### **For All Anemias:**

#### **REFERRAL:**

Refer to registered dietitian and/or medical/obstetrical provider if:

- Anemia has not improved within one month of the start of treatment;
- Client has a history of Sickle Cell disease or other medical disorders known to cause anemia;
- Client is unable or unwilling to take iron supplements due to discomforts;
- Vegan food practices with limited food choices.

### **Diabetes:**

Having diabetes either as a prepregnancy condition or one which develops as a result of the pregnancy increases the risk for birth defects and for having a big (large for gestational age) baby.

Refer to STT Guidelines: "Gestational Diabetes", pages 3 - 10.

#### **INTERVENTION:**

If diabetes was diagnosed in past pregnancy only, and client was told that her diabetes resolved or "went away" after delivery (past history of gestational diabetes), stress importance of keeping all health care provider appointments and lab test appointments.

Provide client with copies of STT Guidelines: Gestational Diabetes - Handouts : "Daily Food Pyramid for Gestational Diabetes" , If you have diabetes while you are pregnant: Know your sugars", "If you have diabetes while you are pregnant: Questions you may have" page GDM-17,"If you have diabetes while you are pregnant: Relax and

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lower your stress” pg. GDM-21, “If you had diabetes while you were pregnant: Now that the baby is here” pg. GDM-25, so the client can begin learning about gestational diabetes even before her first referral appointment.

Make the referral appointment before the client leaves.

### REFERRAL:

Immediate referral to registered dietitian, diabetes specialist or a California Diabetes and Pregnancy Program if current diabetes existed prior to the pregnancy or was diagnosed in the current pregnancy.

Treatment plan for diabetes in a current pregnancy must be included in the client's Individualized Care Plan.

Local California Diabetes and Pregnancy Programs:

**211 San Bernardino, [www.211sb.org](http://www.211sb.org)**

### RESOURCES:

Guidelines for Care - available from: California Diabetes and Pregnancy Program, Maternal and Child Health Branch, Department of Health Services, 714 P Street, Sacramento, CA 95814.

Sweet Success educational materials and Handouts for Care are available through the San Diego and Imperial Counties Diabetes and Pregnancy Program at (619) 467 - 4990.

### Hypertension:

Hypertension is another name for high blood pressure. Chronic (ongoing) hypertension may affect the baby's growth and the use of certain hypertension drugs may interfere with the digestion and absorption of certain nutrients.

### INTERVENTION:

If client has high blood pressure when she is not pregnant, or if she had hypertension in a past pregnancy, stress the importance of keeping all health care provider appointments, and to adhere to her treatment plan.

Treatment plan for hypertension must be included in the client's Individualized Care Plan.

Provide reinforcement of instructions for taking medications, if any prescribed.



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## REFERRAL:

Refer to registered dietitian and/or medical/obstetrical provider if hypertension exists in current pregnancy.

## History of Poor Pregnancy Outcome:

Having a history of poor pregnancy outcome may indicate the need for nutritional intervention.

Consult with health care provider to determine need for referral.

## Other Medical/Obstetrical problems:

Many diseases or health problems can affect the client's nutritional status and the growth of the baby. Such conditions include, but are not limited to, hyperemesis, preeclampsia, renal or liver disease, cancer, GI disturbances (malabsorption more severe than lactose intolerance), and any other condition identified by the health care provider. Consult with health care provider to determine need for referral.

## INTERVENTIONS:

Refer to health care provider for medical nutrition therapy

## Question 1

### 1. Scheduled test or procedure?

**Subject:** Test and procedures

- |                      |  |
|----------------------|--|
| Status:              | (L): No tests or procedures ordered  |
|                      | (M): Has scheduled test or procedure scheduled   |
|                      | (H): Has failed to schedule or keep appointment  |
| Status Intervention: | (L): Encourage client to keep any appointments that may be scheduled                               |
|                      | (M): Encourage client to keep appointment  |
|                      | (H): Educate on importance of test/procedure. Explore possible barriers. Reschedule test/procedure |

This question also offers an opportunity to assess the client's understanding of her current pregnancy health status and/or any pregnancy complication and provide the client with

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educational materials. The client may need referral to a health education specialist for particularly complex problems.

Refer to STT Guidelines: Health Education - "Preterm Labor", pages 14 - 16, "Kick Counts", page 19, and "Multiple Births - Twins and Triplets" pages 113 - 118 as appropriate.

### ADDITIONAL INTERVENTIONS:

Assess the accuracy of the client's understanding of any problems.

Answer questions as appropriate.

Provide client with a copy of appropriate STT Guidelines: Health Education - C: "Preterm Labor", D: "Kick Counts", and/or R: "Getting Ready for Twins or Triplets".

Assess the client's knowledge about the purpose and procedure for any tests scheduled. Provide the client with educational materials and/or audiovisual information appropriate to the procedure and the client's needs.

### REFERRAL:

Refer to health care provider or health educator for complex medical/obstetrical problems.

Refer to registered dietitian for nutrition-related complex medical/obstetrical conditions.

### Questions 2 & 3

#### 2. Taking prenatal vitamins? Iron?

#### 3. Taking new medications or herbs?

**Subject:** Over-the-counter medication, vitamins and iron, herbs

Status:	(L): Monitored by the medical care provider, taking prenatal vitamins and medication correctly as prescribed
	(M): Refer to (H)
	(H): Lack of supervision by the medical care provider, not taking prenatal vitamins and medication as prescribed or excess intake of supplements or over the counter medication
Status Intervention:	(L): Encourage and educate client to comply with OB provider instructions
	(M): Refer to (H)

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(H): Notify Medical Care Provider

### **Prenatal Vitamins and Minerals:**

Prenatal vitamins and minerals should be taken only as directed by the OB provider. Large doses of vitamins and minerals can be dangerous especially vitamins A, C, D, E, and K. They can cause disease in the mother as well as abnormalities in the fetus.

Refer to STT Guidelines: Nutrition - "Prenatal Vitamin and Minerals, Iron and Calcium", pages 17 - 72.

### **Over-the-Counter (OTC) Medications:**

This is an opportunity to instruct the client on the need to take prenatal vitamins and minerals and the hazards of OTC medication during pregnancy, as well as an opportunity to assess the need for medical evaluation of the condition for which she uses OTCs. Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in these products include pharmacists, the manufacturers (look on the product package for an 800 number) and the Natural Resources Defense Council (NRDC) at (415) 777 - 0220. This is also an opportunity to assess the client's knowledge and practices regarding safe storage of medication to prevent child poisoning.

### **Prescription Medications:**

It is unsafe to take any prescription or over-the-counter medicines that are not known to be safe during pregnancy. Make sure the provider is aware of all medications the patient is taking. Make sure client is taking prescribed medications and prenatal vitamins and minerals.

### **ADDITIONAL INTERVENTIONS:**

Inform health care provider of any prescription and/or over-the-counter medications the client is taking.

Encourage client to inform all health and dental care providers that she is pregnant.

Maintain a current list of over-the-counter medications and their indications for use that the health care provider recommends for common complaints and illnesses during pregnancy:

Headache: \_\_\_\_\_

Runny/stuffy nose: \_\_\_\_\_

Diarrhea: \_\_\_\_\_

Heartburn: \_\_\_\_\_

Cough: \_\_\_\_\_

Constipation: \_\_\_\_\_

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Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Herbal Remedies:**

Herbal remedies may be commonly used as treatments for the discomforts of pregnancy, or as part of some cultural/religious practices. During pregnancy, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

**Note:** the following herbal remedies are known to contain high levels of lead and can be dangerous to use:

**Azarcon, Coral, Liga, Greta, Rueda, Alarcon, Maria Luisa, and Pay-loo-ah**

### **RESOURCE:**

San Bernardino County Lead Program: (909) 387 - 6212  
Riverside County Lead Program: (909) 358 - 5424  
Poison Control: 1 (800) 876 - 4766  
1 (800) 972 - 3323 TDD

### **Question 4**

#### **4. Significant changes since last assessment?**

**Subject:** Significant changes

Status: (L): No significant changes that may impact pregnancy

(M): Monitored by OB provider

(H): Has not informed the OB provider

Status Intervention: (L): Assess any negative changes

(M): Assess negative changes in areas which can potentially impact pregnancy outcomes, i.e. living situations

(H): Notify Medical Care Provider

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Many changes occur during the course of a pregnancy. Of those, some are positive some are negative changes. It is important to assess negative changes in areas which can potentially impact pregnancy outcome such as living conditions, living environment and support, safety, smoking, economics, transportation, eating habits, emotional status, and domestic violence. Be sure to review the Individualized Care Plan to ascertain if all previously identified risk factors have been addressed.

### Question 5

#### 5. Have your eating habits changed since your last assessment?

**Subject:** Adequate diet

- Status:
- (L): Eats 3 meals and 1 - 2 snacks daily
  - (M): Eats 3 meals daily
  - (H): Eats twice or less daily / or eats excessively throughout the day (more than 3 meals and 1-2 snacks)
- Status Intervention:
- (L): Praise and encourage adequate diet
  - (M): Refer to section "Additional Interventions"
  - (H): Refer to MD and RD

Permits the assessor to develop nutritional recommendations which "fit" with the client's usual habits. Eating fewer than 3 meals a day and/or skipping meals may result in a diet that is inadequate for pregnancy. If the client often skips meals, this may indicate a more serious problem. If client is over eating, review and discuss nutrition handout, STT guidelines "You can slow weight gain". Refer to healthcare provider and RD.

#### ADDITIONAL INTERVENTIONS:

Provide the client with STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28.

Stress the importance of eating foods from all of the different food groups, and the need to eat meals and snacks at regular times throughout the day.

Encourage the client to carry small snacks if she will be out, and to try to eat every 3-4 hours.

#### REFERRAL:

If her PFFQ or 24 hour recall assessments indicate inadequate nutritional intake in several categories and/or the client skips meals on a regular basis, this may indicate a

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greater problem and/or an eating disorder, and increases the risk for poor nutrition (refer to CPSP provider and/or registered dietitian).

Refer to food assistance program.

### Questions 6 & 7

#### 6. How do you plan to feed your baby?

☐ Breast                      ☐ Bottle                      ☐ Both                      ☐ Not sure

#### 7. Have you breastfed a baby before?

☐ Y                      ☐ N

If "YES", how long did you breastfeed? \_\_\_\_\_

**Subject:** Infant feeding

Status: (L): Plans to breastfeed and has breastfed successfully before

(M): Plans to breastfeed, has prior experience, or plans to use bottle or is undecided

(H): Uninterested and/or previously unsuccessful in breastfeeding, had breastfeeding difficulty.

Status Intervention: (L): Support decision to breastfeed and provide information / education

(M): Provide information / education from STT

(H): Refer to RD or Lactation Consultant

These questions encourage the client to begin thinking about how she plans to feed her baby and offer an opportunity to learn about the client's relevant prior experience. It is important for the client to know that every woman **can** breastfeed if that is her choice. Misinformation about breastfeeding and previous breastfeeding experience may be a factor in a woman's decision to breastfeed. Breastfeeding is contraindicated in certain situations, such as for clients who are HIV+, HBV+, currently using street drugs, taking certain medications, etc.

Some women may be undecided about how to feed their babies. Breastfeeding is the best way to feed a baby in most circumstances. Breast milk supply is determined by how often the baby breastfeeds. A women who tries to breastfeed and formula feed her baby may have problems maintaining her breast milk supply and needs instruction. Client planning to return to school or work may need additional support, information and equipment.

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Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 101 - 104 and Nutrition - "Breastfeeding", pages 122 - 131.

### **ADDITIONAL INTERVENTION for question 6 (if the client response is "both", or "not sure"):**

Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 101 - 104.

Due to the risk of preterm labor and birth with adolescents, introduce the discussion of infant feeding at approximately 30 weeks gestation. Respect clients choice, encourage and educate her in breastfeeding.

### **ADDITIONAL INTERVENTION for question 7 (if the client response is "no", review reasons for breastfeeding):**

If client's response is <1 month, identify any problems with previous attempts to breastfeed and review question section of "Signs that Breastfeeding is going well", page 102.

Build on any positive breastfeeding experience to encourage client to breastfeed. Provide encouragement and support. Encourage client to ask about breastfeeding classes/resources at her next WIC appointment.

If adolescent girls are preoccupied with their weight, appearance, or have a history of eating disorders, assess the teen client's ability to maintain adequate nutritional intake during lactation. Encourage teens to breastfeed. Refer to counseling if appropriate.

### **ADDITIONAL INTERVENTIONS:**

Respect the client's infant feeding choices. Offer needed support and direction for the method the client chooses.

Provide client with a copy of "Breastfeeding: Getting Started in 5 Easy Steps", or other comparable material preferred by the health care provider. Materials provided by formula companies are not recommended.

If client selects breast and formula, emphasize the importance of maintaining breast milk supply by expressing (hand expression or pumping) breast milk while away from the baby or while formula feeding. Provide client information on obtaining a breast pump.

Provide and review with the client copies of STT Guidelines: Nutrition - Handouts: "You can breastfeed your baby: Here's how you get started" page 133, "You can breastfeed your baby: What to do the first time you breastfeed" page 135, "You can breastfeed your baby: Making plenty of milk" page 139, "You can breastfeed your baby: How to know your baby is getting plenty of milk" page 143, "You can breastfeed your baby: Going back to work or school" page 147.

If client is undecided, discuss with client benefits and perceived barriers to breastfeeding methods. Correct any misinformation the client may have regarding

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breastfeeding or formula feeding. Do not coerce the client to breastfeed. Include breastfeeding information / education throughout pregnancy.

### REFERRAL:

Local Breastfeeding classes/support groups: \_\_\_\_\_

Local Nursing Mothers Council: \_\_\_\_\_

La Leche League International: \_\_\_\_\_ 1  
(800) LA LECHE or (708) 519 - 7730

Monday - Friday 8:00 a.m. to 5:00 p.m. (Central Time)  
for volunteers in your area

211 San Bernardino, [www.211sb.org](http://www.211sb.org)

### RESOURCES:

Childbirth Graphics Catalogue:  
1 (800) 299 - 3366, extension 287

Titles include:

- *Breastfeeding: Getting Started in 5 Easy Steps* (English or Spanish)
- *Great Reasons to Breastfeed Your Baby* (English or Spanish)
- *Helpful Hints on Breastfeeding* (English or Spanish)

*Counseling the Nursing Mother*, a referenced handbook for health care providers and lay counselors by Judith Lauwers and Candance Woessner. Avery Publishing Group, Garden City Park, New York, 1990.

The Breastfeeding Answer Book by Nancy Mohrbacher and Julie Stock, La Leche League Publications, Schaumburg, Illinois, 1997.

*Breastfeeding Resource Handbook for the Healthcare Professional*, published by the San Diego County Breastfeeding Coalition. Order from and make check out to:

San Diego County Breastfeeding Coalition  
c/o Children's Health Hospital and Health Center  
3020 Children's Way, MC 5058  
San Diego, CA 92123 - 4282

Cost: \$39.95 For more information call: (619) 576 - 5981



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### Question 8

#### 8. Do you have an infant car seat?

**Subject:** Car safety

- Status:
- (L): Has an infant safety seat and knows car seat safety laws
  - (M): Refer to (H)
  - (H): Client does not have an infant safety seat and does not know car seat safety laws
- Status Intervention:
- (L): Praise client for knowledge of car seat safety laws
  - (M): Refer to (H)
  - (H): Education materials. Referral to low cost car seat program

If no, this is an opportunity to determine if education is needed regarding the California car seat safety laws and make referrals to local resources.

Refer to STT Guidelines: First Steps - "Helping a Woman Help Herself", page 19; and STT Guidelines: Health Education - "Infant Safety and Health", pages 101 - 104.

#### ADDITIONAL INTERVENTIONS:

Provide educational information regarding the requirement for all children under the age of four regardless of weight, and all children who weigh under 40 pounds regardless of age, to be in safety seats at all times while in motor vehicles. Additional education regarding the increased safety provided by placing all children under 12 years of age in the back seat with seatbelts on may also be included here, if appropriate.

By the third trimester, the client should have an infant safety seat and be able to describe or demonstrate its correct usage.

#### RESOURCES:

Midas Muffler Shops - Project Safe Baby Program - Century 1000 Car Seats for \$45. Call the nearest Midas Muffler Shop. Clients also receive \$100 in auto care coupons.

Programs that lend, rent or give away infant safety seats in your area:

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### Question 9

#### 9. Do you have a doctor for the baby?

**Subject:** Doctor for the baby

- Status:
- (L): Has a doctor she plans to use
  - (M): Undecided
  - (H): Does not have a doctor for the baby
- Status Intervention:
- (L): Praise client for having doctor. Give additional information upon request.
  - (M): Provide list of physicians for the baby
  - (H): Provide list of physicians for the baby

Refer to STT Guidelines: Health Education - "Infant Safety and Health", pages 101 - 104.

#### ADDITIONAL INTERVENTIONS:

An opportunity to ensure the client has chosen a doctor for her baby and to discuss CHDP (Child Health and Disability Prevention) and the importance of well child checkups and immunizations.

For Managed Care Members, the doctor she has selected must be within her plan, participating medical group, IPA and/or clinic, as appropriate.

Review STT Guidelines: Health Education - Handout: "Your Baby needs to be immunized," page 111, with the client during the third trimester.

#### REFERRAL:

Member Services Department of her health plan, if appropriate (managed care members).

Molina Medical Centers: (800) 526-8196

### Question 10

#### 10. Do you know what birth control you will use?

**Subject:** Family planning

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- Status:
- (L): Has a plan, used method before and plans to use
  - (M): Unsure of what birth control method to use
  - (H): Unaware of available birth control methods
- Status Intervention:
- (L): Praise client. Give information upon request
  - (M): Provide health education and give pamphlet on birth control methods
  - (H): Provide individualized education on birth control methods

\*For adolescents and women with a history of preterm delivery, a discussion of family planning should probably first occur at around 24 weeks. For women where a term delivery is likely, 28 weeks is a more acceptable timeframe. By 36 weeks gestation, the client should have a plan for contraception and STI/HIV prevention that she can verbalize.

Offers an educational opportunity to discuss the importance of recovery time prior to a subsequent pregnancy. For most women, waiting at least 15 months after having a baby before becoming pregnant again is recommended. Adequate spacing of children helps parents cope with demands of childrearing and with finances. It provides parents with time to provide physical, emotional and intellectual nurturing for each child. Effective birth control helps sexually active women and couples who want no more children to achieve their life plans. Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum. The use of birth control is a personal choice influenced by many factors including cultural background, religion, family history, and personal choice.

Refer to STT Guidelines: Health Education - "Family Planning Choices", pages 95 - 98.

### ADDITIONAL INTERVENTIONS:

Inquire about the client's prior experience with birth control methods and her satisfaction with them. This frequently provides insight into what types of methods may work best for the client.

Provide client with educational materials as appropriate.

Emphasize the health benefits of pregnancy spacing.

Medi-Cal beneficiaries who request sterilization have a mandatory 30 day waiting period after signing the appropriate consent. Your practice location should have policies and procedures related to informed consent for sterilization as well as all temporary contraceptive methods.

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Inform the Provider of the client's choice of whether and what contraceptive method she wishes to use.

CPHWs may provide information, but need specialized training to provide the information required for an informed consent for any contraceptive method.

### RESOURCES:

211 San Bernardino, [www.211sb.org](http://www.211sb.org)

Educational pamphlet, "What is Right For You? Choosing a Birth Control Method" is available from:

Education Programs Associates (EPA): (408) 374 - 3720  
Teen Help Line: \_\_\_\_\_

### Question 11

#### 11. Have you received counseling on HIV (AIDS)?

**Subject:** HIV

- |                      |  |
|----------------------|--|
| Status:              | (L): Has received HIV counseling                                 |
|                      | (M): Has received counseling and still has questions             |
|                      | (H): Has received no HIV counseling                              |
| Status Intervention: | (L): Praise client. Provide additional information upon request. |
|                      | (M): Provide/Refer for further HIV counseling                    |
|                      | (H): Provide/Refer to HIV counseling                             |

Current California regulation requires that all pregnant women, not just those who appear to be at risk, receive; (1) counseling on the benefits of HIV testing in pregnancy, (2) offer of voluntary HIV testing with appropriate pre- and post-test counseling, and (3) information about treatments available to women who test positive. This information is, by law, to be provided by the client's prenatal care provider. The prenatal care provider may delegate this responsibility only to a health care worker who has received special training in this area. This question permits the provider/practitioner to document that the required services have been provided and allows the client to ask any unanswered questions.

Refer to STT Guidelines: Health Education - "HIV and Pregnancy", pages 29 - 34, for information for any further questions the client may have as well as clinical resources.

## Comprehensive Perinatal Services Program

If client is at risk for infection with HIV and other STIs (multiple partners, history of STIs, drug use, etc.).

Provide to the client and review with her STT Guidelines: Health Education - Handout : “What You Should Know About STIs” ,page 27; “What You Should Know About HIV”, page 35; and “You can protect yourself and your baby from STD” , page 37.

### **ADDITIONAL INTERVENTIONS:**

For clients who have been provided with the mandatory counseling, education, and offered a voluntary test by the health care provider, the CPHW may answer further questions as outlined in STT Guidelines: Health Education - “HIV and Pregnancy”, pages 29 - 34.

Some clients may elect not to take the HIV test when it is first offered. At subsequent visits, they should be offered the opportunity to ask additional questions and/or receive a referral for testing.

Health educator referral is recommended for clients with a history of more than one STI episode.

### **REFERRAL:**

For clients who report that their health care provider has not discussed HIV risks, provided education, and/or offered a voluntary HIV test, refer the client back to the health care provider, or other appropriate HIV counselor in your facility, for this service.

Perinatal HIV exposure is a California Children’s Services (CCS) eligible diagnosis. All infants born to HIV positive mothers must be referred to CCS for services referrals and case management.

Although clients should be encouraged to share all their health history with their health care providers, clients may elect to obtain HIV testing services at a confidential location.

Maintain a current list of confidential/anonymous HIV testing locations in your area.

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A specific, separate form signed by the client and kept in the medical record which indicates she has received the mandated HIV education, counseling, and voluntary testing information is recommended.

A sample form is included in the Medi-Cal Managed Care CPSP package.

## Comprehensive Perinatal Services Program

### RESOURCES:

“Perinatal HIV Prevention: Guidelines for Compliance”, handbook available from:  
Northeastern California Perinatal Outreach Program: (916) 733 - 1750

Health Education Consultant(s):

National HIV/AIDS Teen Hotline: 1 (800) 440 - TEEN - Friday-Saturday  
6:00 p.m. - 12:00 a.m.

English: 1 (800) 922 - AIDS (2437)

Spanish: 1 (800) 400 - 7432

Asian Pacific-Islander: 1 (800) 922 - 2438

TTY: 1 (800) 533 - 2437

“It Won’t Happen to Me” video: \$5.00 per copy (first copy free to nonprofit organizations)

Kaiser Foundation Health Plan  
Audiovisual Communication Resources  
825 Colorado Blvd., Suite 319  
Los Angeles, CA 90041  
Attn: Gus Gaona

HIV/AIDS Treatment Information: 1 (800) - 448 - 0440

Project Information (Treatment Hotline): 1 (800) - 822 - 7422

National STI Hotline: 1 (800) - 227 - 8922

### Question 12

12. Are you smoking at all? ☐ Y ☐ N

If “YES”, how many cigarettes per day? \_\_\_\_\_

**Subject:** Smoking

Status: (L): No smoking or exposure

(M): Client unaware of smoke exposure risks

(H): Client smokes / second hand smoke exposure

Status Intervention: (L): Praise and encourage client to continue to not smoke or expose to second hand smoke

(M): Educate on smoking exposure risk

## Comprehensive Perinatal Services Program

- (H): Provide education on risks of smoking and pregnancy. Refer to smoking cessation program. Refer to section “Additional Intervention”

This combined reassessment does not address exposure to second hand smoking; however, it can have serious effects on both the mother and the fetus. Additionally, children who are exposed to secondhand smoke experience more respiratory health problems, and are at greater risk for Sudden Infant Death Syndrome (SIDS). Use this question to assess her environment.

It is important to document carefully the client’s smoking history, not just whether she smokes or not. Interventions for someone who smokes 1 - 2 cigarettes/week are likely to be different from interventions for someone who smokes 2 packs per day. The woman who uses chewing tobacco avoids possible lung problems, but she and her fetus are still exposed to the harmful effects of nicotine and carcinogens which affect other organs. Praise clients who do not smoke for their healthy lifestyle.

Cigarette smoke contains over 1,000 drugs, including nicotine, which are responsible for such effects as an increased risk of spontaneous abortion (miscarriage), increased blood pressure, increased tendency to have thrombophlebitis (blood clot in a vein), increased carbon monoxide levels, and a decreased capacity of blood to carry oxygen. One study suggested that as many as 45 percent of all unfavorable pregnancy outcomes may be related to smoking during pregnancy. The potentially harmful effects of smoking on pregnancy outcomes must not be minimized.

Refer to STT Guidelines: Health Education - “Tobacco Use”, pages 119 - 121; “Secondhand Tobacco Smoke”, pages 83 – 84; Nutrition - “Tobacco and Substance Use”, pages 93 - 95 and Nutrition - “Weight Gain During Pregnancy”, pages 5 - 10.

### ADDITIONAL INTERVENTIONS:

Assist the client in identifying the risks (pregnancy complications, preterm birth, increased risk of SIDS, intrauterine growth retardation) associated with the use of tobacco and to consider reducing, quitting, or seeking treatment if she uses tobacco.

Review with the client and provide a copy of STT Guidelines: Health Education - Handout : “You can quit smoking”, page 85.

Do not recommend the use of nicotine patches, gums and/or inhalants during pregnancy; the client should talk to her health care provider before using these.

If tobacco is used to control weight, review appropriate weight gain goals with the client.

Use this question to help the client identify exposure to secondhand smoking and develop a plan to avoid it.

Provide advice on techniques for reducing exposure.

## Comprehensive Perinatal Services Program

Role play different ways she could ask her family members not to smoke in the house. Be certain the techniques you recommend to your client are culturally appropriate.

If the client thinks it would be helpful, refer to provider for "prescription" for family members not to smoke around the client.

If partner or housemates are motivated to quit smoking, offer cessation resources listed below.

### REFERRAL:

1 (800) 7 - NO BUTTS: English  
1 (800) 45 - NO FUME: Spanish  
1 (800) 400 - 0866: Mandarin and Cantonese  
1 (800) 778 - 8440: Vietnamese  
1 (800) 556 - 5564: Korean  
1 (800) 933 - 4TDD: Deaf/Hearing Impaired

Local tobacco cessation programs: \_\_\_\_\_

American Cancer Society, Local Chapter: \_\_\_\_\_

American Lung Association, Local Chapter: \_\_\_\_\_

Other: \_\_\_\_\_

### RESOURCES:

#### ***For You and Your Family: A Guide for Perinatal Trainers and Providers***

by CA Dept. of Health, Tobacco Control Section (1992) - Provides counseling strategies specifically for African American, American Indian, Asian and Hispanic/Latina pregnant women who smoke or are exposed to secondhand smoke.

#### ***Tobacco Education Clearinghouse:***

1 (800) 258 - 9090, ext. 230, or write to P. O. Box 1830, Santa Cruz, CA 95061 - 1830.

**A Pregnant Woman's Guide to Quit Smoking** (5th edition) by Richard A. Windsor.

available for purchase from:

EBSCO Media  
801 5th Avenue South  
Birmingham, AL 35233  
Barbara Finch - Distributor Manager  
(205) 323 - 1508



## Comprehensive Perinatal Services Program

### Questions 13 & 14

13. How often do you drink beer, wine, or liquor?

14. What drugs have you used since becoming pregnant?

**Subject:** Alcohol and substance abuse

Status:	(L): No use
	(M): Prior use
	(H): Any use of alcohol or drugs during the pregnancy
Status Intervention:	(L): Praise and encourage client to maintain healthy lifestyle
	(M): Educate regarding contraindications of alcohol/drug use during pregnancy
	(H): Educate on risks of drug and alcohol use during pregnancy and refer to appropriate resources. Refer to section "Additional Interventions"

Many health care workers are reluctant to ask questions about substance abuse. Some believe that the client will refuse to answer these questions or not accurately report her use or abuse. Other health care workers fear that the client will become hostile or abusive to them. There are several guidelines to consider when conducting a chemical assessment to decrease these potential responses:

- Conduct a substance abuse assessment for all clients. It is impossible to identify women who are at risk by their appearance alone. Repetition of the assessment by the health care worker also increases comfort with asking the questions.
- Maintain a nonjudgmental and accepting attitude. Health care workers must constantly monitor their feelings and attitudes in this area and not allow personal feelings to interfere with their ability to interact effectively with clients. Try to view the client as a woman who is pregnant and is currently using or abusing substances rather than label her as a "substance abuser".
- Remember that your role is to assist the client in making the choices that will ensure that she has the healthiest baby possible.
- Urine toxicology screening requires the written consent of the client.

## Comprehensive Perinatal Services Program

Red Flags for alcohol/drug abuse may include one or more of the following current signs and/or symptoms (\*):

### Current Symptoms:

1. Tremor/ perspiring/ tachycardia (rapid heartbeat)
2. Evidence of current intoxication
3. Prescription drug seeking behavior
4. Frequent falls; unexplained bruises
5. Frequent hospitalizations
6. Inflamed, eroded nasal septum
7. Dilated pupils
8. Track marks/ injection sites
9. Gunshot/ knife wound
10. Suicide talk/ attempt; depression
11. Diabetes, elevated BP, ulcers (nonresponsive to treatment)

### Laboratory Data:

	Normal Ranges:
1. MCV > 95	80.0 - 100.0
2. MCH - High	27.0 - 33.0
3. GGT - High	9 - 85 (may be lab specific)
4. SGOT - High	0 - 42
5. Billirubin - Positive	Negative
6. Triglycerides - High	< 200
7. Anemia	Hgb > 10.5 Hct > 32
8. Urine Toxicology Screen	Negative

### Medical History:

- |   |                              |
|---|------------------------------|
| 1. Sexually transmitted infections including HIV/AIDS | 8. Anemia                    |
| 2. Cellulitis   | 9. Diabetes mellitus         |
| 3. Cirrhosis of the liver                             | 10. Phlebitis                |
| 4. Hepatitis  | 11. Urinary tract infections |
| 5. Pancreatitis                                       | 12. Poor nutritional status  |
| 6. Hypertension                                       | 13. Cardiac disease          |
| 7. Cerebral vascular accident (stroke)                |                              |

## Comprehensive Perinatal Services Program

### Previous Obstetrical History:

- |   |  |
|---|--|
| 1. Abruptio placenta                      | 8. Meconium staining                     |
| 2. Fetal death                            | 9. Premature labor                       |
| 3. Intrauterine growth restriction (IUGR) | 10. Eclampsia                            |
| 4. Premature rupture of membranes         | 11. Spontaneous abortions (miscarriages) |
| 5. Low birthweight infants                |  |

(\*) All of the signs and symptoms listed above may be the result of conditions other than drug and/or alcohol abuse.

In surveys of pregnant women, 10 - 15 percent have been found to use cocaine regularly during pregnancy. Cocaine acts as a stimulant to the central nervous system (brain) while peripherally causing such effects as constriction of veins, increased heart rate and blood pressure, and an increase in spontaneous abortions and abruptio placenta (separation of the placenta from the wall of the uterus during pregnancy). Cocaine abuse during pregnancy may result in the newborn experiencing withdrawal symptoms and having an increased risk of sudden infant death syndrome (SIDS).

Problems with pregnant women who abuse heroin and other narcotics may include hepatitis, endocarditis (infection in the sac around the heart), still birth, and the increased risk of contact with HIV. Problems with the infant include difficulty responding to the human voice, withdrawal symptoms, and low birthweight and shorter length.

Maternal perception of a child is an important factor in the child's psychological and social development.

### **Wine, Wine Coolers, Hard Liquor or Mixed Drinks:**

Alcohol use during pregnancy is the leading preventable cause of birth defects. There is NO safe level of alcohol consumption during pregnancy. Alcohol use is many times associated with a poor diet. Alcohol use can alter the intake, digestion, and absorption of nutrients, and cause nutrient deficiencies. Chronic alcohol abuse can result in nutrient deficiencies of thiamine, folic acid, magnesium and zinc.

Refer to STT Guidelines: Health Education - "Drug and Alcohol Use", pages 87 - 92.

### **ADDITIONAL INTERVENTIONS:**

Provide client with a copy of STT Guidelines: Health Education - Handout : "You can quit using drugs or alcohol", page 93, and/or Psychosocial - Handout: "Your Baby Can't Say 'No'", page 69; and "When you want to stop using drugs and alcohol", page 71, and review them with her.

Emphasize to the client that there is NO safe level of alcohol use in pregnancy.

Emphasize risks with the use of alcohol/drugs.

## Comprehensive Perinatal Services Program

Encourage the client to consider reducing, eliminating, or seeking treatment for alcohol use/abuse.

Encourage meals every 3 - 4 hours and healthy snack choices.

Provide client with a copy of STT Guidelines: Nutrition - Handout: "Choose healthy foods to eat", page 29.

Reinforce importance of telling all her health and dental care providers that she is pregnant. Ensure health care provider is aware of substance(s) abuse.

Include client's "**stage of change**"(\*) and next steps in the client's Individualized Care Plan.

If client is in the "**preparation**" stage of change, assist her in developing a specific plan and offer referrals to program(s).

If the client has no interest in cutting down or quitting ("**precontemplation**"), be sure she understands the possible health risks to herself and her baby. Ask her again at each visit. Document information shared with the client and her level of understanding on the Individualized Care Plan.

Pregnant women who are actively and heavily using substances should be referred to a registered dietitian and/or medical provider for medical nutrition counseling.

Client may share strategies that have helped her quit in the past, reasons attempts were unsuccessful, etc. Include the client's strengths in the Individualized Care Plan documentation of what the client agrees to do to reduce the risk to herself and her baby.

Refer to STT Guidelines: Psychosocial - "Perinatal Substance Abuse", pages 65 - 68 and Nutrition - "Tobacco and Substance Use", pages 119 – 121.

### Note:

Treatment of drug and alcohol abuse (except acute, inpatient detoxification) is a Medi-Cal benefit, but not covered by the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

Treatment of mental health disorders is a Medi-Cal benefit, but is reimbursed by EDS, the State of California's fiscal intermediary, not the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

### REFERRAL:

Social Worker for further assessment and referral: \_\_\_\_\_

Health Plan's Case Management Department: \_\_\_\_\_

Narcotics Anonymous: \_\_\_\_\_

## Comprehensive Perinatal Services Program

Alcoholic Anonymous: \_\_\_\_\_

Registered Dietitian Consultant: \_\_\_\_\_

Refer client to a Social Worker, RN, or the prenatal care provider for alcohol dependence screening.

Refer to treatment program as indicated by alcohol dependence screening.

Refer to Prenatal Outreach and Education: 1 (800) 227 - 3034 or (909) 386 - 8245.

### RESOURCES:

**Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs.** *Resource document for all professionals involved in the assessment and treatment of women with alcohol and other drug problems. Available from:*

*U.S. Department of Health and Human Services  
Public Health Service  
Substance Abuse and Mental Health Services Administration  
Women and Children's Branch  
Rockwall II, 5600 Fishers Lane  
Rockville, MD 20857  
FAX: (301) 468 - 6433*

### **Pregnant, Substance-Using Women, Treatment Improvement Protocol (TIP) Series.**

*DHHS Publication No. (SMA) 93-1998, Printed 1993. Available from:*

*U.S. Department of Health and Human Services  
Public Health Service  
Substance Abuse and Mental Health Services Administration  
Women and Children's Branch  
Rockwall II, 5600 Fishers Lane  
Rockville, MD 20857  
FAX: (301) 468 - 6433*

*TIPs (#2, 5, and 9 recommended by the Los Angeles Perinatal Health Consortium, Substance Abuse Subcommittee), may be ordered by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1 (800) 729 - 6686. TDD (for the hearing impaired): 1 (800) 487 - 4889.*

**How to Take Care of Your Baby Before Birth** - Large, easy to read 8 1/2" X 11" brochure emphasizes the importance of avoiding alcohol and other drugs during pregnancy. Free (up to 200/order) and available from:

National Clearinghouse for Alcohol and Drug Information (NCADI)  
P.O. Box 2345  
Rockville, MD 20852  
1 (800) 729 - 6686      TDD: 1 (800) 487 - 4889

## Comprehensive Perinatal Services Program

Local County Drug and Alcohol Program

Riverside County Alcohol/Substance Abuse Program: (909) 275 - 2125

Riverside Drug abuse Program: (909) 275 - 2100

San Bernardino County office of Alcohol and Drug Program Hot Line: 1 (800) 968 - 2636 (gives telephone number of perinatal substance programs closest to the patient)

**211 San Bernardino, [www.211sb.org](http://www.211sb.org)**

### **(\*) Stages of Change:**

Precontemplation: client does not believe she has a problem, denial, unawareness.

Contemplation: heightened awareness, client knows there is a problem relevant to her.

Preparation: client investigates, gathers information related to helping herself, may have made small changes in her behavior.

Action: client is ready to make a commitment to change her behavior - wants immediate referral, needs support techniques to cope with urges to use drugs, tobacco and/or alcohol.

Maintenance: client is integrating the new behaviors into her lifestyle, able to overcome the temptation to use, still vulnerable, needs support - relapse prevention.

Relapse: prompted to use drugs, alcohol or tobacco by stress or situation, disappointed, has less confidence in her ability to quit successfully.

This model can be applied to many behavioral changes, not just tobacco, alcohol, and/or drug cessation. The reference below includes an assessment tool for each stage.

Reference: Prochaska, J.O., Norcross, J.C., and Diclemente, C.C.: Changing for Good, New York, NY: Avon Books, 1994.

## Comprehensive Perinatal Services Program

### Questions 15 & 16

**15. Have you had a hospital tour?**

**16. Do you need information about what will happen during labor and delivery?**

**Subject:** Labor and delivery

- |                      |      |   |
|----------------------|------|---|
| Status:              | (L): | Has toured the hospital, previous experience, and has no questions                      |
|                      | (M): | Has not toured hospital, may or may not had experience, and has questions               |
|                      | (H): | Has not toured hospital, no experience, and has questions and concerns                  |
| Status Intervention: | (L): | Praise client, give additional information upon request                                 |
|                      | (M): | Schedule hospital tour, provide information on labor and delivery, and answer questions |
|                      | (H): | Schedule hospital tour and labor & delivery class; answer questions                     |

These questions offer an opportunity to discuss the client's perception of the anticipated birth experience, the importance of having a plan for child care of other children, and transportation to the appropriate facility for delivery. Clients must be encouraged to tour the hospital where the delivery of the baby will occur long before their anticipated date of delivery, especially teens. Encourage your teens to schedule a hospital tour during 26 to 30 weeks gestation. A considerable number of fears can be allayed when clients are familiar with the physical layout of the labor and delivery area. The more comfortable the client is with her surroundings, the more pleasant the birth experience will be.

Refer to STT Guidelines: Health Education - "Hospital Orientation", page 13.

### **ADDITIONAL INTERVENTIONS:**

Offers an opportunity to reinforce the hospital in which the client is expected to deliver (especially if the client requires high risk care). May also be an educational opportunity regarding the appropriate use of 911 and emergency care.

Provide clients with a copy of STT Guidelines: Health Education - Handout: "If your labor starts too early" , page 17, at approximately 20 weeks gestation.

## Comprehensive Perinatal Services Program

Refer client to a social worker if she has no means of transportation.

Refer client to health education as needed.

### REFERRAL:

Transportation vouchers: \_\_\_\_\_

\_\_\_\_\_

Days and times of hospital tours: \_\_\_\_\_

Childbirth Education Classes: \_\_\_\_\_

\_\_\_\_\_

### Question 17

#### 17. Where are you living right now?

**Subject:** Living Conditions

- |                      |  |
|----------------------|--|
| Status:              | (L): Adequate housing  |
|                      | (M): Inadequate housing but for a short term period (few weeks)      |
|                      | (H): Homelessness / Long-term inadequate housing                     |
| Status Intervention: | (L): Provide resources upon request                                  |
|                      | (M): Evaluate knowledge of community resources and provide as needed |
|                      | (H): Refer to housing resources, TANF                                |

Transience and/or inadequate housing can have a serious impact on the client's health and well-being. Among pregnant teens and drug or alcohol-dependent pregnant women, a common issue is homelessness and abandonment from family. It is important to assess their living conditions, evaluate knowledge of community resources and provide information as needed. If inadequate housing, assess food intake and food preparation facilities.

### INTERVENTION:



## Comprehensive Perinatal Services Program

Refer to STT Nutrition “Cooking and Food Storage”, pages 91 - 92.

### Questions 18 & 19

**18. How many people are living with you?**

**19. If you are worried about something, who do you talk to?**

**Subject:** Living environment and support

- |                      |  |
|----------------------|--|
| Status:              | (L): Stable situation and has resources  |
|                      | (M): Indicate some problems (crowding living conditions) and desires referrals |
|                      | (H): Lack of stable environment and inadequate or no support                   |
| Status Intervention: | (L): Provide additional resources upon request                                 |
|                      | (M): Refer to appropriate programs, Social Worker, PHN                         |
|                      | (H): Refer to appropriate programs, Social Worker, PHN                         |

Housing which appears to be inadequate to the assessor may not be of concern to the client. Refer to question 17.

These questions help the assessor identify who is the support person in the client's life. It is important to know if this support person offers advice about pregnancy. If so, he or she should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice and he or she has not been included in educational efforts.

The client's responses to this question may also reveal misinformation, cultural practices, and/or indicate if the client has supportive and sound sources of information.

It is important to remember that some traditions and cultural practices may be so much a part of the client's life that health care workers are not able to dissuade clients from engaging in them, even if they are potentially harmful. **YOU CANNOT MAKE THE CLIENT DO ANYTHING!** Be aware of your own attitudes and preferences and try not to be judgmental about clients who don't do things the same way you would.

### RESOURCES:

211 San Bernardino, [www.211sb.org](http://www.211sb.org)

### Questions 20 21, 22, & 23

**20. Do you have:**

## Comprehensive Perinatal Services Program

- |                                      |                                       |                                       |   |
|--------------------------------------|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Hot water    | <input type="checkbox"/> Telephone    | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Heating     | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove / Oven |   |

21. Are you able to buy enough food?

22. Are you able to pay your rent?

23. Are you able to pay your other bills?

**Subject:** Economics

- |                      |      |  |
|----------------------|------|--|
| Status:              | (L): | Has resources and ability to cope  |
|                      | (M): | Indicate some needs  |
|                      | (H): | Inadequate finances to cope (i.e. no transportation, utilities)                        |
| Status Intervention: | (L): | Praise client, offer resources upon request  |
|                      | (M): | Check for WIC participation. Refer to section "Additional Interventions"               |
|                      | (H): | Check for WIC participation and resources. Refer to section "Additional Interventions" |

### **Electricity, hot water, refrigerator, stove or oven, telephone, heating:**

Lack of these items is important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may affect the client's ability to report potential complications (preterm labor, urinary tract infections, bleeding, etc.); alternate methods of communication should be identified prior to their need. This question provides the client with an opportunity to express her own concerns and needs.

Refer to STT Guidelines: Nutrition - "Cooking and Food Storage", pages 91 – 92 and "Food Safety", pages 97 - 100. Nutrition Handouts: "You can eat healthy and save money: Tips for food shopping", page 83; "You can buy low –cost healthy foods", page 85; and "You can stretch your dollars: Choose these easy meals and snacks" page 87.

Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28 - 34 for suggestions for referral resources. Be sure to check resources in your area for any intake requirements before referring clients.

### **ADDITIONAL INTERVENTIONS:**

## **Comprehensive Perinatal Services Program**

If no food storage and/or cooking facilities, provide client with a copy of STT Guidelines: Nutrition - Handouts: "When you cannot refrigerate, choose these foods", page 93; and "Tips for cooking and storing food", page 95.

Build on client's strengths, for example, client has a hot plate, crock pot, ice chest, etc.

Provide instruction to the client regarding safety issues for small electrical appliances, hot plates, barbecue, etc., especially if no stove is available.

Help client with long term strategy to improve resources. Refer to STT Guidelines: Nutrition - "Stretching Your Food Dollar", pages 81 - 82.

### **REFERRAL:**

Consult with health care provider regarding referral to registered dietitian and/or health educator for more intensive instruction.

Refer clients to housing assistance resources as appropriate.

Refer to emergency food banks, meal sites, etc. if indicated.

### **Transportation:**

Transportation available to the client is important information to consider when making medical and support service appointments, and for referrals. Your group or practice may have fine education programs, but they will not help the client who is not able to attend your classes.

Refer to STT First Steps: "Developing a Community Resource List", page 8.

### **ADDITIONAL INTERVENTIONS:**

Stress that keeping appointments and attending classes assist the client and her provider in assuring the best possible outcome of her pregnancy.

Offer choices of times, and if possible, locations of classes.

Provide her with a list of practice/clinic, hospital, community resources.

Build on her strengths. Does she have a supportive family member who will watch other children or provide transportation?

Follow missed appointment policies and procedures.

If the client is dependent on her partner and/or parent for transportation to and from prenatal care visits, encourage these support persons to participate in the prenatal care of the client. Create activities for the partner or adult support person.

### **RESOURCES:**

Metro Transit Authority: 1 (800) COMMUTE

## Comprehensive Perinatal Services Program

For referrals, call the agency where services are provided to inquire about any available transportation resources.

Community resources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Question 24

#### 24. How do you feel about this pregnancy?

**Subject:** Feeling about pregnancy

- Status:
- (L): Happy mother and happy father and has support
  - (M): Father of the baby is unaware or unhappy, client was initially sad/upset but adjusting and/or pregnancy was unplanned
  - (H): Client is having problems adjusting to the pregnancy and the father of the baby is not involved
- Status Intervention:
- (L): N/A
  - (M): Educate on normal emotional reaction to pregnancy. Provide educational materials
  - (H): Refer to Perinatal Education class on pregnancy. Refer to Social Worker and/or PHN

Women whose pregnancies are not intended or are mistimed are at greater risk for not breastfeeding their infants than women who planned their pregnancies.

Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28 - 34, "Legal Advocacy", pages 35 - 38, "Teen Pregnancy and Parenting", pages 85 - 90, and "Unwanted Pregnancy", pages 5 - 8.

Question 24 will provide the assessor with information regarding the client's support system and stressors she may be facing.

Refer to STT Guidelines: "Parenting stress", pages 44-49.

#### ADDITIONAL INTERVENTIONS:

Referrals to community based organizations as appropriate.

## Comprehensive Perinatal Services Program

Provide the client with a copy of STT Guidelines: Psychosocial - Handout: "Uncertain About Pregnancy?", page 9, and "Choices", page 11, if appropriate.

Offer a "teen" activity such as making a picture frame for the baby's first photo. Observe the client's participation and/or enthusiasm with this activity.

### REFERRAL:

Social Worker when any of the following exists: substance abuse, age/attitude of client is perceived as inappropriate, lack of emotional preparedness, lack of adequate social support.

### RESOURCES:

Social Work Consultant: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

211 San Bernardino, [www.211sb.org](http://www.211sb.org)

### Questions 25 & 26

#### 25. Since becoming pregnant, have you had?

- ☐ Trouble sleeping    ☐ Sadness    ☐ Worried feelings    ☐ Crying  
☐ Depression    ☐ None    ☐ Other: \_\_\_\_\_

#### 26. Since becoming pregnant have you been slapped, hit, or otherwise hurt by someone?

- ☐ Y    ☐ N    If "YES", by whom? \_\_\_\_\_

**Subject:** Emotional status and history of abuse

Status: (L): No identified risk

(M): Refer to (H)

(H): Identified emotional problems and abuse

Status Intervention: (L): Assess and refer to appropriate resources as needed

(M): Refer to (H)

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- (H): Notify Medical Care Provider. Refer to Social Worker. Refer to appropriate resources and programs. Report abuse. Abuse pamphlets and provide education on abuse.

Question 25 permits the client to give her evaluation of her emotional status. Other than “none”, any response should be further explored to determine if this is a long-standing issue or more related to the emotional swings of pregnancy. If the client has a past history of serious depression or attempted suicides, the provider should be notified and appropriate referral made.

Refer to STT Guidelines: Psychosocial - “Emotional or Mental Health Concerns”, pages 73 – 76, and “Depression”, pages 77 - 82 for additional information.

Question 26 helps the assessor determine the potential for and/or presence of domestic violence in the client’s relationships. Interventions are based on legal mandates and protocols.

Additional information is available in STT Guidelines: Psychosocial - “Spousal/Partner Abuse”, pages 53 - 60.

The Department of Health Services, MCH Branch has developed a CPSP Domestic Violence Protocol, which will be available to every DHS-Certified CPSP Provider.

One of every six pregnant adults and one of every five pregnant teens are the victims of abuse. This is for many of them the first time they have an opportunity to get help and break the cycle.

Privacy is essential for safety. If you need an interpreter, use a staff member, not a family member or friend.

In general, maintain eye contact when screening clients for battering (for some cultures, such as Southeast Asians, this may be inappropriate). Ask the questions in a direct, nonjudgmental manner. Allow the client to lead the conversation, giving her time to think about her feelings.

Inform the client that because of your concern for her health and an increased risk for violence and abuse during pregnancy, you ask everyone questions about violence in the home. Inform the client that you are a mandated reporter. Let her know that her response will be confidential unless she is being abused **and** (1) she has current physical injuries, in which case you are required to report to local law enforcement; or (2) she is under the age of 18 and is being abused, in which case you are required to report to your county’s child protective services agency.

Refer to STT Guidelines: Psychosocial - “Spousal/Partner Abuse”, pages 53 – 60.

**If the client reports no abuse:**

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Communicate to her that if the situation changes, she should discuss it with her health care provider or CPHW. Do not badger or pressure the woman to respond to the abuse questions.

Accept negative responses even when there is evidence that she is not being truthful. She will choose when to share her history. Being accepting of a negative response - even if it seems clear that the woman is abused conveys respect for her response and builds trust. This is often the first time the client has been assessed for abuse in a health care setting. Offer a nonjudgmental, relaxed manner as each question is asked. After a few questions, the client may trust the assessor enough to say "sometimes". Many women will not admit abuse initially, but may later in the pregnancy when she feels safer with her health care providers.

Express concern for her safety when appropriate.

Adolescent pregnancy is often complicated with issues of abuse and violence. Often, this is the first relationship in which the pregnant girl has ever been involved. She may not know what is and what is not acceptable behavior and what are and are not reasonable expectations in a relationship. Additionally, many pregnant teens grew up in households where domestic violence occurred; it is familiar to her. The disparity in ages between the girl and her partner might offer further insight into potential abuse or violence.

**Do inform the provider of your concerns and follow through with all mandated legal reporting actions.**

**If the client reports current abuse and presents with physical injuries:**

CPHWs should **STOP** and consult with an MD, NP, CNM, RN to complete this section.

The injuries must be treated and documented in the client's medical record.

Documentation in the medical record should also include the client's statements about the current injuries, perpetrator, and any past abuse (using direct quotes, writing "patient states that . . .").

Medical record documentation should also include detailed description of the injuries, including type, number, location, color, possible causes, and extent of injury, and should include a body map.

Color photographs should be taken with the client's written permission and, if appropriate, prior to the administration of medical treatment.

Assembly Bill 1652 (Chapter 992, Statutes of 1993) took effect in the state of California on January 1, 1994, and an amendment to that law was passed into law in September, 1994, regarding requirements of health practitioners to make reports to the police under specified circumstances. Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report if he or she "provides medical services for a physical condition" to a patient whom he or she knows or reasonably suspects is:

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- (1) “suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm”; and/or
- (2) “suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.”

Reports must be made by telephone as soon as practically possible, and in writing within two working days, including, but not limited to the following information:

- (1) the name of the injured person, if known;
- (2) the injured person’s whereabouts (in no case shall the person suspected or accused of inflicting the injury, or his or her attorney, be allowed access to the injured person’s whereabouts);
- (3) the character and extent of the person’s injuries; and
- (4) the identity of any person the injured person alleges inflicted the injury.

### REFERRAL:

All clients who report abuse by current partner within the last year should be referred to a social worker.

### **If the client reports physical abuse, but does not present with current physical injuries:**

Ask her about her feelings regarding the abuse. Empathize with her and confirm her feelings. Reassure her she is not alone in being in an abusive situation and that she does not deserve to be treated this way.

Tell her that spousal/partner abuse is against the law. This may be new information to immigrant women from countries where spousal battering is socially accepted, and even legal.

Ask for details of current and past occurrences of abuse and document the information she shares in her medical record. Specific information should be obtained: What happened? Where did she go after the incident(s)? Did she have any involvement with law enforcement? What was the outcome?

Review with the client STT Guidelines: Psychosocial - Handout: “Make a plan to keep safe”, page 61, and “Cycle of Violence” page 63. Do not urge the client to take copies with her if she expresses reluctance. It may be for her own safety that she does not have such materials in her possession.

Share with the woman that you are concerned about her safety and ask what she wants to do or have happen.

Offer referral to a psychosocial professional.

Provide the client with a list of resources, including 24-hour hot line numbers. These should include police, counseling centers, shelters, and legal aid. It is important to provide her with the information necessary for her to make informed decisions. If the client is



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afraid to keep the numbers in her purse or drawer, suggest she keep it in a tampon or sanitary napkin box. Encourage the client to have an emergency plan for escape. This may include hiding a bag of personal items with a trusted friend, etc.

A woman in an abusive situation has three choices:

- (1) stay with the abuser,
- (2) leave for a safe place (such as a shelter),
- (3) have the abuser removed from the place of residence (by court order).

It is important to assist the woman in recognizing her strengths as this will help her cope with the stress of getting out of a battering situation.

### **RESOURCES:**

211 San Bernardino, [www.211sb.org](http://www.211sb.org)